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Editorial

Perspectives – IJS Issue No. 1, 2009

2009 was ushered in for me with bright lights, explosions and bon homie. Being in Australia for New Year's Eve I celebrated it well before my family and friends in Europe. It is quite an experience with magnificent fireworks starting on the stroke of midnight. Everyone was determined to enjoy themselves and there was a surprising air of optimism. Canberra, Melbourne, Adelaide and many smaller cities and towns vie to be the best but Sydney, being one of my favourite 5 harbours in the world, is a perfect setting and was spectacular.

From the financial point of view 2009 brings huge anxieties and unanswered questions. Will the recession recede or deepen? The world is hoping one young man will sort out their problems, and we all wish Barak Obama, the new President of the USA every success in his Herculean task ahead.

What does the New Year hold for us in the world of medicine? We have always been fortunate that our profession stands above wars, differences and even financially difficult times as the centre of our raison d'être is, and I trust will always remain, our patients. We will continue to push the frontiers both clinically and in research especially in the surgical specialties.

Surgeons are very different to others in the medical fraternity. We spend our lives training. One of the vehicles to ensure we learn and change our approach is via surgical journals whether they be in print or electronic. The latter is so much faster in its ability to disseminate knowledge and we are proud to have led the way in this evolution.

Many of the operations I learnt as a trainee from great teachers are now no longer needed. This is especially true in the field of surgery for peptic ulcer disease which is now only treated surgically when complications occur.

The adjuvant role of medical treatment for surgical problems is well illustrated in the article from Egypt on *Helicobacter pylori* eradication on ulcer recurrence after simple closure of perforated ulcers. A short note on the possible use of dynamic heat therapy in the treatment of Barrett's oesophagus is another example along these lines and may increase the accuracy of endoscopic biopsies.

Surgical techniques both in the operating room and in the laboratory are well covered with papers on anastomotic techniques, prevention of intraperitoneal adhesions, secondary anti-reflux surgery, laparoscopic cholecystectomy in sickle cell disease and in cirrhotic patients and a clever use of fibrin glue to seal a leak following endovascular aortic aneurysm replacement are all covered in this issue.

Reviews of the management of rarer disorders such as breast sarcomas, pulmonary hydatid disease and the outcomes following total colectomy for *Clostridium difficile* colitis are covered by authors from the U.K. and Turkey. The advantages in near total thyroidectomy in preventing hypocalcaemia is also described from Turkey whilst the diagnosis and management of cystic neoplasms of the pancreas, more often than not a difficult problem, are comprehensively covered by contributors from Hong Kong.

Prevention is always better than cure; the excellent article from Addenbrooke's Hospital, U.K., reminds us that the most common preventable cause of hospital-related mortality is deep vein thrombosis. The implementation of a protocol using enoxaparin and TED stockings as part of a clerking proforma has proved most successful. The incidence of the common complication of atrial fibrillation following aortic aneurysm repairs can be reduced by targeted stratagems, whilst Enhanced Recovery and Surgery protocols have been shown to be beneficial in New Zealand and are sure to be implemented in structured pre-operative care pathways. It is good to read a paper from this beautiful country and I hope to see many more papers proffered from Australasia.

There are still a few case reports and short articles; we also publish negative results if they will prove helpful, such as the paper showing C Reactive Protein is of no use in diagnosing acute appendicitis. I have a problem with this paper as the authors mention the use of CT scanning in children which surely must never be used except in very special cases.

The use of lidocaine patches after ventral hernia repairs and the possibility that sildenofil reverses the effects of ischaemia in ischaemic colitis demonstrates that surgeons are involved with therapeutic agents as well as surgery.

Training and how to evaluate competency are subjects dear to my heart and a paper from the U.K. discusses this fully in the light of the European Working Time Directive, diminishing Operating Room time, the increasing demand that all operations should be performed by consultant and the demise of apprenticeship training. The use of emergency (CEPOD) lists is another paper addressing similar problems with their under-usage. The authors show it is irrelevant whether these lists are held in the mornings or afternoons.

Finally I commend to you the authoritative article on Communicating Benefits, Harms & Risks of Medical Interventions in Journals to patients and the public. We need to share decision making with patients and their relatives as much as possible and communicate fully the risks involved.

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I end by congratulating those surgeons from Turkey, Egypt and China who are sending their work to us. The U.K. still provides the greatest number of articles, but those countries just mentioned are catching up. Once again I invite those of you from Europe, Africa and Australasia to join us in further internationalizing our journal.

May I wish you all wherever you practise a Healthy, Happy, Peaceful and Successful 2009.

R. David Rosin
University of the West Indies, Cavehill Campus, Bridgetown, Barbados
E-mail address: rdavidrosin@gmail.com

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